ST. STEPHEN SCHOOL

DATE			

ENROLLMENT APPLICATION				
2024-2025	GRADE APPLYING TO			
CHILD'S NAME	SEX	DATE OF BIRTH	PLACE OF BIRTH	
Last First Middle	M o Fo	Month Day Year	City State	
ADDRESS		HOME PHONE		
No. and Street City State WHO IS THE CHILD LIVING WITH?	Zip			
□ Natural father and mother				
□ Other				
FATHER (or male guardian)	U. S. Citizen	Religion	Place of Birth	
Last First Middle				
Name of Employer, Business Address, City & Zip			Occupation	
Father's Email		Business Phone	Cell Phone	
MOTHER (or female guardian)	U. S. Citizen	Religion	Place of Birth	
Last First Middle	375 ST 35 ST			
Name of Employer, Business Address, City & Zip			Occupation	
Mother's Email		D. I Dhana	C 11 D1	
Would S Email		Business Phone	Cell Phone	
PLEASE LIST THE NAMES AND RELATIONSHIPS OF OTHER ADU	LTS AND CH	IILDREN LIVING WI	TH THE CHILD	
PLEASE CHECK ANY SACRAMENT(S) THE CHILD HAS RECEIVED				
☐ Catholic ☐ Non-Catholic	,			
☐ Baptism DateChurch Address				
☐ Communion DateChurch Address				
☐ Reconciliation DateChurch Address				
☐ Confirmation DateChurchAddress				
SCHOOL THE CHILD LAST ATTENDED (OR IS NOW ATTENDING)				
NAME OF SCHOOLNAME OF PR	RINCIPAL			
ADDRESS OF SCHOOL	ı	PHONE #		

WHAT GRADE IS YOUR CHILD CURRENTLY IN? A COPY OF MOST RECENT REPORT CARD MUST BE RECEIVED WITH APPLICATION				
PLEASE LIST ALL OTHER SCHOOLS THE CHILD HAS ATTENDED AND THE GRADES FOR EACH				
The state of the s				
DO VOLUMAVE ANY CHILDREN ALDEADY ATTENDING OF OTERHEN COLLOCIA (EVEN DI FACE MOTERIES)				
DO YOU HAVE ANY CHILDREN ALREADY ATTENDING ST. STEPHEN SCHOOL? IF YES, PLEASE LIST THEIR NAMES AND CURRENT GRADES				
WHETHER YOU ARE CATHOLIC OR NOT WE NEED TO KNOW WILLOU CATHOLIC CHURCH YOU ARE SUCCESSFOR				
WHETHER YOU ARE CATHOLIC OR NOT, WE NEED TO KNOW WHICH CATHOLIC CHURCH YOU LIVE CLOSEST TO (WHICH PARISH ARE YOU IN?)				
(WHISHTY MICHOLINE)				
IF YOU ARE CATHOLIC, ARE YOU REGISTERED IN A PARISH? IF YES, WHICH ONE? IF ST. STEPHEN CHURCH				
PLEASE INDICATE YOUR ENVELOPE NUMBER				
T LEI NOL INDIONIE TOON ENVELOI E NOMBEN				
Envelope Number:				
IF YOUR CHILD IS CATHOLIC AND NOT ATTENDING CATHOLIC SCHOOL, WHERE DOES HE/SHE ATTEND CCD				
CLASSES?				
DID SOMEONE REFER YOU TO ST. STEPHEN SCHOOL? PLEASE LIST NAME(S).				
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THE ADCHDIOCECE BOARD OF EDUCATION REQUIRES HE TO ACCUMENT A STATE OF THE STATE OF				
THE ARCHDIOCESE BOARD OF EDUCATION REQUIRES US TO ASK YOU THE RACE OF THIS CHILD Please check one box:				
Note that the second se				
□Japanese □Korean □Other Asian □Filipino □ White □Nat Hawa/Pac Island/Samoan □ Latino				
Latino				
Please also check whether this child is: ☐ Hispanic or ☐ Non-Hispanic				
PLEASE EXPLAIN WHY YOU ARE APPLYING TO ST. STEPHEN SCHOOL. PLEASE TAKE TIME TO FILL THIS				
SECTION OUT COMPLETELY. THANK YOU. (IF YOU NEED MORE ROOM PLEASE ATTACH PAGE.)				

FOR OFFICE USE ONLY	APPLIC. CK #:	_ AMOUNT:	DATE:	-		
	VERIFICATION DOB:	BAPTISMA	L CERT.	BIRTH CERT.:		
	REG. CK #:	AMOUNT:	DATE:			
COPY OF REPORT CARD						